MEDICAL RECORDS OF PATRICIA BACHHOFER

G. PAUL KULA, M.D.
MERCY BEHAVIORAL HEALTH
BEHAVIORAL HEALTH ASSOCIATES
2007 N. COMMERCE, SUITE 207
ARDMORE, OKLAHOMA 73401

MERCY BEHAVIORAL HEALTH
BEHAVIORIAL HEALTH ASSOCIATES
INITIAL PSYCHIATRIC EVALUATION

PATIENT: Patricia Bachhofer

DATE: Wednesday,
June 7, 2000

CHIEF COMPLAINT:
"I have been diagnosed with OCD, Anxiety Disorder, Panic Disorder and Depression."

HISTORY OF THE PRESENT ILLNESS:
This is a 43 year old white female from Marietta who works at the Greenville school some of the time and also volunteers for the Army National Guard apparently their support group and also does some work for DHS transporting clients back and forth. She has been married for 22 years to her 2nd marriage. She was married to her first husband who got her pregnant in high school and she had 2 children from that husband, her 2 oldest daughters who are 26 and 29. She has 1 son from her 2nd marriage, a 21-year-old son. Her current husband works for Uniroyal.

She was referred by Dr. Carnahan because she had been given these diagnoses in the past and treated with a variety of medications and I think he wanted to check on the diagnoses and also see if the medications were essentially correct The main diagnosis I think was made through the Mental Health Services of Southern Oklahoma, which are correct.

Her OCD symptoms are that of compulsive hand washing, checking things and the need to have everything just perfect and an intolerance of new things, liking old routines. Her panic symptoms actually sound quite classic but they have stopped. She had classic out of the blue type panic disorder with classic agoraphobic avoidance but now this has degenerated only into a vague anxiety which waxes and wanes and more social anxiety than anything else fitting a category of anxiety disorder NOS and not panic disorder. She does show some degree of depression. Her ZUNG Inventory score is 59 at the edge of moderate depression. She has problems with the usual symptoms of crying, can't sleep, worrying all the time, has poor self-esteem, etc. But interestingly she shows features of hypomania because she started out by spending sprees and she also shows a history of intermittent periods of hyperactivity, agitation, irritability, rapid thinking, decreased need for sleep, a lot of wild ideas, reckless behavior, etc., this happened 2 or 3 times, usually for only 2 or 3 days could be more of a hypomanic picture.

CURRENT MEDICATIONS:
Premarin 2.5 mg in the morning, Provera 5 mg in the morning, Luvox 100 mg 1 tablet in the morning and 1 tablet at bedtime, Ativan 0.5 mg t.i.d. and Prevacid 30 mg in the morning PRN only.

PAST MEDICAL HISTORY:
Childhood health is relatively unremarkable, she has had 2 surgeries both for her children and a tubal ligation. She has allergies possibly to Prozac, although this doesn't sound like an allergy, which she calls a drug reaction to Paxil but really nothing else. She has no accident or injury history. No history of drug or alcohol use or abuse. She has never really had any psychiatric counseling she was diagnosed through the Mental Health Services of Southern Oklahoma and was seen for counseling there especially following the onset of her menopause which was early about 12 years ago. She doesn't smoke cigarettes or use tobacco.

REVIEW OF SYSTEMS:
Negative unless otherwise noted. Wears glasses, didn't have them on today. No thyroid problem, no blood sugar or blood pressure problems. She had some heart palpitations with some of her panic like attacks but nothing else. No history of pneumonia or asthma. She has occasional acid reflux and takes PRN Prevacid for that. No significant GU problems. She quit having periods spontaneously in March of 1987 when she was 31 years old, this was worked up medically and just seemed to be one of those things. No significant amount of musculoskeletal problems except for some early arthritic problems in her fingers. No neurological symptoms of any kind. No blood problems. No hepatitis or other liver problems. She had a skin cancer removed from her nose and had something removed from her back which she thought may be a melanoma but a widened excision around the site proved to be cancer free so she thinks from her perspective it's over with. All the other review of system questions were negative.

FAMILY MEDICAL HISTORY:
Both parents are living, father is 69 years old and has prostate cancer. Mother is 65 years old, diabetic, has a history of unstable mood problems, possibly Bipolar. She had 2 brothers, no sisters. She was the middle child. Her maternal grandmother and maternal aunt both seemed to have problems consistent with panic like problems. One of her daughters has been diagnosed as being Bipolar. There is also some other depression in some family members. History of alcoholism in her maternal uncle and one of her brothers, no suicide, no drug abuse.

SOCIAL HISTORY:
Born in Gainesville, TX but grew up really in the Dickson/Springdale/Marietta area. Her father was a butcher. She said her childhood really wasn't pleasant because of her mother and her mother was physically abusive she said. She was only an average student at Dickson, quit school in the 10th grade because she got pregnant by her first husband. She later added that during that period time she was actually raped but we didn't get into this and she wants to talk about this at another session. She says she has a lot of bad dreams about it. She managed to get her GED, went to Vo-Tech school for a while to learn to be a business office technology which means she could be a business manager for an office and actually did that for a pediatrician for 1 year here in town and then she started to get sick as she put it with all these panic attacks and quit in 1996. She has more or less slid into some degree of social isolation, avoiding contact with people, she specifically has agoraphobic avoidance of restaurants somewhat out of fear that she will have a panic attack but also out of some sense of social anxiety problems because she thinks people will stare at her and judge her. She says she doesn't have very much free time, she stays busy with these different activities. She likes to do quilting and likes to read when she has time. She says there are some conflicts in her current marriage but we didn't get into that.

MENTAL STATUS EXAM:
Appearance and behavior is acceptable. Grooming is normal. No unusual behavioral mannerisms. She is alert and oriented X's 3. Of average or above intellect. She has features consistent with obsessive-compulsive disorder and features consistent with mixed anxiety picture with social anxiety and some panic like anxiety features. She also though shows clear features of PTSD with recurrent intrusive thoughts during the day and recurrent bad dreams at night regarding this and says "it is something that was never worked out". She has problems with intermittent depression but then as noted above has evidence of some bipolar like influence here with hypomanic episodes. Her opinion of herself overall is fairly low, she sees herself as inferior to others, she is not as good as other people in general. But her specific complaints are harder to pin down, she doesn't think she is very physically attractive. She thinks that she may be smart enough some of the time but not most of the time and says that most of the time her personality is okay. She shows features of social anxiety disorder as I mentioned, mixed with some panic like attacks, no psychotic symptoms, no evidence of any disassociative reactions, sleep has been somewhat problematic recently with difficulty falling asleep and maintaining sleep.

IMPRESSION: DSM IV

AXIS I:
1. Depressive Disorder, NOS, R/O Bipolar Disorder, Type II
2. Obsessive Compulsive Disorder
3. Anxiety Disorder, NOS (Mixed Symptoms of Panic Disorder and Social Anxiety Disorder)
4. Post Traumatic Stress Disorder

AXIS II: Deferred

AXIS III:
1. Post Menopausal At An Early Age, 1987
2. GERD, On Medication

AXIS IV: Severity of Psychosocial Stressors, Moderate

AXIS V: GAF on Assessment 25, Highest in Last Year Probably Over 50

INITIAL PLAN:

Because of her concern about Prozac giving her some kind of weird reaction I didn't want to use that but I don't want to use Luvox either. So I suggested that we try a trial of Celexa 20 mg starting with a ½ tablet twice a day for now at 9 AM and 9 PM and then going to a whole tablet thereafter at 9 AM and 9 PM after the first 7 days.

Also using Wellbutrin SR 150 mg starting tomorrow at 9 AM for the first 3 days and increasing on day 4 and thereafter to twice daily at 9 AM and 4 PM and Klonopin 0.5 mg 1 at 9 AM and 4 PM and 2 tablets at bedtime.

I told her to continue the Prevacid, Premarin and Provera but stop the Luvox and Ativan and ask Dr. Carnahan why she couldn't be on Prempro instead of the 2 separate medicines. I will see her back in 1 month for sure but she wants to come in and deal with some of the PTSD aspects in a therapy session so we will set her up for the next available hour-long appointment.

G. Paul Kula, M.D.

GPK/tdr

MERCY BEHAVIORAL HEALTH
BEHAVIORIAL HEALTH ASSOCIATES
PSYCHIATRY PROGRESS NOTE

PATIENT: Patricia Bachhofer

DATE: Wednesday,
June 28, 2000

DIAGNOSIS:
1. Depressive Disorder, NOS,
Probable Bipolar Disorder, Type II
2. OCD
3. Anxiety Disorder, NOS
4. PTSD

I went over her history with her to review, this is the lady who had been previously diagnosed with Panic Disorder, OCD and Depression. Her symptoms look more like a mixture of Panic symptoms in the past, which have resolved and now more Social Anxiety problems but she does have OCD symptoms and has also PTSD symptoms. This is because she was raped shortly after she was married by one of her girlfriends fathers and traumatized by the fact that when she reported it no one seemed to want to do anything about it, almost blaming her for it and her family encouraged her to drop charges against this man. This has left her with a lot of problems adding to her already present hostility toward her mother and father but also making her feel dirty and cheap as she put it. It has also affected her sex life a great deal of the time.

I might mention though since I saw her last since we raised the issue of Bipolar Disorder and treated her as such she's done extremely well and everyone comments how much better she's doing and her long-standing problems with low libido have been improved as well. I put her on Celexa because she's had problems when she's taking Prozac before in the past although it would have been my choice. She's also not having any more panic attacks of any kind and her Social Anxiety has calmed down quite a bit. She still has intrusive thoughts and dreams about the rape by this man and this needs to be worked through a little bit further.

I really gave her just a little over a half-hour time today. We'll need to develop this theme a little further she need a lot of encouragement self-esteem issues because she has not only conflicts with her parents but also with her husband over time who has considered divorcing her and her three children, none of whom remembered her birthday that was on the 26th of June, she just feels like she's been abandoned and forgotten and it affects her feelings of self worth.

I will keep her on the same medications as before, this includes Wellbutrin SR 150mg twice a day at 9 AM and 4 PM, Klonopin 0.5mg one tablet at 9 AM and 4 PM and then two tablets at bedtime, which we defined as 9 PM and ~~Celebrex~~ Celexa 20mg twice a day at 9 AM and 9 PM. I considered increasing the Celebrex because of her OCD symptoms and because of PTSD but I don't think that it would work any faster now since she was just here on the 7th and I don't think this ~~had long enough to~~ work, plus the affects on PTSD and OCD are somewhat delayed. I will consider going probably to a Celexa t.i.d. dose next time at 9 and 3 ~~and~~ 9.

G. Paul Kula, M.D.

GPK/tdr

MERCY BEHAVIORAL HEALTH
BEHAVIORIAL HEALTH ASSOCIATES
PSYCHIATRY PROGRESS NOTE

PATIENT: Patricia Bachhofer

DATE: July 14, 2000
Friday

DIAGNOSIS:
1. Depressive Disorder, NOS
2. Probable Bipolar Disorder, Type II
3. OCD
4. Anxiety Disorder, NOS
5. PTSD

We had decided before that we would try to slowly increase the Celexa to try and address the OCD symptoms. This was an hour-long psychotherapy session. She remains doing well on the medication, which is Wellbutrin twice a day at 9 AM and 4 PM, and now we are increasing the Celexa to 20-mg t i d, at 9, 4 and 9, continuing the Klonopin as before. She is not on any type of antimanic agent, most of what she dealt with was an extremely harsh type of philosophy and viewpoint toward herself which as many people do. She claims she doesn't apply this to other people. However, she has very, very rigid and strict ideas about what a good person is and what good people are like. She has a lot of conflicts with her husband who preaches a lot of high morality to her but tends to live a double standard but actually she does the same thing. She is making good progress. She wants to come in on a weekly basis, which I think will be very helpful to see her back as soon as we can get her scheduled in.

G. Paul Kula, M.D.

GPK/tdr

Chart #

Appt Date: 07/14/2000

Appt. Time 1:00 PM

Behavioral Health Associates
2007 N. Commerce
Suite 207
Ardmore, OK 73401
(580) 226-9294

Tax ID #

G PAUL KULA MD

Patient Name: **BACHHOFER, PATRICIA D.**

Patient Address: 2105 D BLOOMER RD MARIETTA OK 73448

Patient Phone: (580) 276-3915

DOB: 06/26/1956 SS#: 443-60-3519 Allergies:

Last Date Seen: 06/28/2000

Responsible Party: BACHHOFER, PATRICIA D

Primary Insurance: BC/BS - OKLAHOMA

Secondary Insurance:

OFFICE VISIT

Initial Diagnostic Interview	90801	
Medication Management	90862	
Psychotherapy [20 - 30 min.]	90804	
[With med management]	90805	
Psychotherapy [45 - 50 min]	90806	
[With med management]	90807	
Psychotherapy [75 - 80 MIN]	90808	
[With med management]	90809	
Hypnotherapy	90880	

Other

DIAGNOSIS

DIAGNOSIS	ICD-9
Permenant 1. Depress D/sd NOS	
Permenant 2.	
Permenant 3. ~~Prob Bipolar Disord~~	Type II
Permenant 4.	
1.	
2. 3 OCD	
3.	
4. ~~4 Anxiety Disorder NOS~~ 5 PTSD	

Referral:

Lab Test(s):

Next Visit:

Return:

Days Weeks Month(s)

SPECIAL INSTRUCTIONS

(1) Continue Wellbutrin SR 150mg : 1 tablet twice daily at 9 AM & 4 PM

(2) Increase Celexa 20mg from 1 tablet twice daily to 1 tablet 3 times per day at 9 AM - 4 PM - 9 PM

(3) Klonopin 0.5mg (Generic = Clonazepam) 1 tablet at 9 PM / 4 PM and 2 tablets at 9 PM

Todays Charges $

Amount Paid $

Balance Due $

7/14/00

G PAUL KULA MD

MERCY BEHAVIORAL HEALTH
BEHAVIORIAL HEALTH ASSOCIATES
PSYCHIATRY PROGRESS NOTE

PATIENT: Patricia Bachhofer

DATE: August 8, 2000
Tuesday

DIAGNOSIS:
1. Depressive Disorder, NOS
   R/O Probable Bipolar Disorder, Type II
2. Obsessive Compulsive Disorder
2. Anxiety Disorder, NOS
   (Limited Symptom Panic Attacks)
2. PTSD

She was very wound up claiming it has been two weeks since she came in. She was going on and on mostly about her frustration with her husband and her reasons that she is frustrated with him and some of the historical aspects of what's hurt their relationship.

She seems somewhat hypomanic to me. She is really over doing it in a number of areas. She has been working 3 different jobs in a sense and she is going to be working full time for the Greenville School System but still doing part time work elsewhere. She has responded well to her medication that being a combination of Celexa and Wellbutrin and Klonopin. I don't know whether she would benefit from an antimanic agent at this point or not. It might worth considering something like Topamax for her. She gets her medication through her husband's work at Uniroyal.

She has a lot of problems but they seem to be mostly left over resentments that have caused problems between them over the last few years. She is also enmeshed in a lot of real complicated family problems. She over involves herself with her children and all of their problems.

I didn't change her medication today, again we might want to consider a mood stabilizer for her in the near future. She is scheduled to come in weekly for a while.

G. Paul Kula, M.D.

GPK/tdr

Chart #

Appt Date: 08/08/2000

Appt. Time 11:20 AM

Behavioral Health Associates

2007 N. Commerce
Suite 207
Ardmore, OK 73401
(580) 226-9294

Tax ID #

G PAUL KULA MD

Patient Name: **BACHHOFER, PATRICIA D.**

Patient Address: 2105 D BLOOMER RD MARIETTA OK 73448

Patient Phone: (580) 276-3915

DOB: 06/26/1956 SS#: 443-60-3519 Allergies:

Last Date Seen: 07/14/2000

Responsible Party: BACHHOFER, PATRICIA D

Primary Insurance: BC/BS - OKLAHOMA

Secondary Insurance:

OFFICE VISIT

Initial Diagnostic Interview	90801	
Medication Management	90862	
Psychotherapy [20 - 30 min.]	90804	
[With med management]	90805	
Psychotherapy [45 - 50 min]	90806	
[With med management]	90807	
Psychotherapy [75 - 80 MIN]	90808	
[With med management]	90809	
Hypnotherapy	90880	

Other

SPECIAL INSTRUCTIONS

DIAGNOSIS

DIAGNOSIS ICD-9

Permanent 1. 1 Depressive Disorder NOS

Permanent 2. 2 Anxiety

Permanent 3. 3 Bipolar Disorder Type II

Permanent 4. 4 OCD

1. 5 Personality Disorder

2. 6 PTSD

3.

4.

Referral:

Lab Test(s):

Next Visit:

Return:

____ Days ____ Weeks ____ Month(s)

Todays Charges $

Amount Paid $

Balance Due $

8/8/00

G PAUL KULA MD

MERCY BEHAVIORAL HEALTH
BEHAVIORIAL HEALTH ASSOCIATES
PSYCHIATRY PROGRESS NOTE

PATIENT: Patricia Bachhofer

DATE: August 22, 2000
Tuesday

DIAGNOSIS:
1. Depressive Disorder, NOS
2. Probable Bipolar Disorder, Type II
3. Obsessive Compulsive Disorder
4. Anxiety Disorder, NOS
(Limited Symptom Panic Attacks)

We shortened this to a half-hour session

She is still kind of "off to the races", looks very hypomanic, hypersexual but it is not like she really doing anything, just talking a lot. In any event, she still complains about wanting to have sex with other men but that she is not likely to do so because she would feel guilty. She really seemed overly wound up and seems hypomanic and hypersexual with really no clear history of this. But because of this I am going to go ahead and start her on Topamax ½ tablet of the 100 mg t.i.d at 8, 3 and bedtime. I will leave her on Wellbutrin SR 150mg at 8 and 3 and I gave her a bunch of samples of Celexa 20mg t.i.d. at 8, 3 and bedtime because she won't mail off for them because her OCD causes her to have fear about mail and prescriptions. We will continue the Klonopin as well at the same dose. I will see her back for an hour-long appointment in about 2 weeks.

G. Paul Kula, M.D.

GPK/tdr

MERCY BEHAVIORAL HEALTH
BEHAVIORAL HEALTH ASSOCIATES
PSYCHIATRY PROGRESS NOTE

PATIENT: Patricia Bachhofer

DATE: Friday
September 15, 2000

DIAGNOSIS:
1. Depressive Disorder, NOS
2. Probable Bipolar Disorder, Type II
3. OCD
4. Anxiety Disorder, NOS
5. Marital Problem

She is doing OK on the medication, except she could not take the Topamax at all, too many side effects, so we just dropped it. We left her on Wellbutrin, Celexa and Klonopin. I gave her samples of the Celexa. We talked mostly about her options in life, whether to stay with her husband, whether to get further education, whether to get a divorce, all these different things. She feels very confused, she feels like she has been tied down with children all of her life and now tied down with a seven-year-old grandchild that her daughter has abandoned. We looked at what realistic options she has and she will be back in the next couple of weeks.

G. Paul Kula, M.D.

GPK/rj

MERCY BEHAVIORAL HEALTH
BEHAVIORAL HEALTH ASSOCIATES
PSYCHIATRY PROGRESS NOTE

PATIENT: Patricia Bachhofer

DATE: Friday
September 29, 2000

DIAGNOSIS:
1. Depressive Disorder, NOS
2. Probable Bipolar Disorder, Type II
3. OCD
4. Anxiety Disorder, NOS
5. Marital Problem

She came in for an hour but we had to shorten this to a half an hour session due to time constraints. We will schedule her for another hour pretty soon. She said that her husband blames her for finding out that they are two months behind in their mortgage payments and I guess he expected her to pay these things, now he is threatening to "kick her out." She is very fearful of being alone and fearful of having to make it financially, but she doesn't seem terribly upset about the idea of leaving him. That has been one of the options she has been discussing with me but certainly finances are a big problem in allowing her to make that kind of choice and I don't think this is a good time for her to do it and I think she understands that. I would prefer that she sort of make some effort to try to have a dialog with her husband, maybe even set us a marital therapy session for them somewhere, maybe even here, to try to settle some of these issues and let the dust settle down before they go off half-cocked making rash decisions about the future of their marriage. I left her medication alone. She is on samples of Celexa and then Wellbutrin and Klonopin.

Will see her back in about a week or two.

G. Paul Kula, M.D.

GPK/rj

MERCY MEMORIAL HEALTH CENTER
PHYSICIAN'S ORDER SHEET

ORDERS: Another brand of a generically equivalent product indentical in dosage form and content of active ingredient may be administered unless checked.

Medication Allergies:

Diabetic [ ] Yes [ ] No
Pregnant [ ] Yes [ ] No

DATE:

11/30/06 1035 pm ① Increase Klonopin from 1 mg at HS to 2 mg at HS and continue daytime Klonopin as writte. Kula

2. Discharge planning for tomorrow after 1 PM

11-30-06 @ 1250

11-30-06 @ 1535 Kula

11/30/06 2-45A ① Psych today

② 20 min med F/u on my office in 3-4 weeks

Kula

MERCY BEHAVIORAL HEALTH
BEHAVIORAL HEALTH ASSOCIATES
PSYCHIATRY PROGRESS NOTE

PATIENT: Patricia Bachhofer

DATE: Friday
October 13, 2000

DIAGNOSIS:
1. Depressive Disorder, NOS
2. Bipolar Disorder, Type II
3. OCD
4. Anxiety Disorder, NOS
5. Marital Problem

The same three medications are holding her together pretty well. Wellbutrin SR twice a day at 8 and 3. Klonopin 0.5 mg at 8 and 3 and then two tablets or 1 mg at bedtime and finally samples of Celexa 20 mg three times per day at 8, 3 and bedtime, or 60 mg, and this combination has worked well. The main topic, of course, is self-improvement. She likes herself as a personality, but sees herself as inferior in her physical appearance and in her intellect. She has many conflicts with her husband and seems to have just lost interest in him. A lot of this has to do with complications from her children from a previous marriage and we never really get into that as a subject, it seems. She is trying to sort of find herself, find a new identity. She had been trained, after high school, as a medical office manager and had worked in that area for a couple of different doctors, but apparently that is not what she is really wanting to do now. I was thinking maybe she should find another area to help develop another identity. She is still a fairly young woman, in her early forties. She just feels like her life is sort of empty, even though she has had this grandchild hoisted upon her and that she is now going to have to raise like a mother once again. She continues to do well coming here, I think. I say her for an hour.

I will see her back as soon as I can, probably in a couple of weeks from now.

G. Paul Kula, M.D.

GPK/rj

MERCY BEHAVIORAL HEALTH
BEHAVIORAL HEALTH ASSOCIATES
PSYCHIATRY PROGRESS NOTE

PATIENT: Patricia Bachhofer

DATE: Friday
October 27, 2000

DIAGNOSIS:
1. Depressive Disorder, NOS
2. Bipolar Disorder, Probable Type II
3. OCD
4. Anxiety Disorder, NOS

She is doing OK on her Wellbutrin and Klonopin as before and I gave her Celexa samples, that she takes 20 mg t.i.d. She still stresses continued frustration with her husband and what to do about him. She is also very busy at work and uses work as an escape, but doesn't know what to do with herself. She feels very bored, feels very rejection sensitive, but then when she has opportunities to be intimate with her husband she always turns them down out of resentment for him. However, I think he has equal resentment toward her that she needs to recognize and I pointed that out. She will be back in about a week or two. I did not change her medications. I gave her some more Celexa samples.

G. Paul Kula, M.D.

GPK/rj

PATIENT: Patricia Bachhofer PHYSICIAN: G. Paul Kula, M.D.
CALLER: Self PHONE: 276-2968
TIME: _____ A.M.__ P.M.__ DATE: 11/8/2000
REASON FOR CALL:
Wants to know if she can increase Klonopin - anxiety level is very high
ACTION TAKEN:
↑ Klonopin to 0.5 mg po 8 AM 12 noon 5 PM
11/8/00 1 PM
PHARMACY: PHONE: ( ) G. Paul Kula INITIALS

MERCY BEHAVIORAL HEALTH
BEHAVIORAL HEALTH ASSOCIATES
PSYCHIATRY PROGRESS NOTE

PATIENT: Patricia Bachhofer

DATE: Tuesday
November 21, 2000

DIAGNOSIS:
1. Depressive Disorder, NOS
2. Bipolar Disorder, Type II
3. OCD
4. Anxiety Disorder, NOS

The same problems arise, except now she is having multiple stresses from different family members. She is having problems with her daughter, the other daughter this time. Still has a problem with intimacy with her husband that she is trying to work out and she still uses her work as an escape.

One thing I did today, because of her complaints about anxiety, was to increase her Klonopin to the 1 mg size, one tablet at 8 and 3 and two tablets at bedtime. I left her on the Celexa 20 mg t.i.d. at 8, 3 and bedtime and the Wellbutrin SR 150 mg twice daily at 8 a.m. and 3 p.m.

Will see her back in a week or more. She is not coming in for regular therapy at this point.

G. Paul Kula, M.D.

GPK/rj

MERCY MEMORIAL HEALTH CENTER
PHYSICIAN'S ORDER SHEET

ORDERS: Another brand of a generically equivalent product indentical in dosage form and content of active ingredient may be administered unless checked.

Medication Allergies: prednisone, Compazine erthromycine

Diabetic [ ] Yes [ ] No
Pregnant [ ] Yes [ ] No

DATE:

11-26-00 | Admit to Behav. Med Level III
Ambien 10mg ÷ po @ HS prn - may repeat x 1
VO Dr Kula by J Frank RN 11-26-00
Kula

FAXED

11/26/00 | (1) to S/P Level 1
12:10 pm | (2) Klonopin 0.5g : T po 8 AM al 4 PM
(3) Klonopin 1mg : T po HS
(4) Wellbutrin 100g po BID c 8 AM & 4 PM
(5) Prozac 20g : T po now, then T po @ 8 AM
(6) Soma 350g : T po TID c 8-4-HS
(7) Lortab 7.5g po TID at 8-4-HS.
*explain to patient that there will be no PRNs
(8) Premarin 1.25g po HS
✓ (9) LS spine films, multiple views "R/o radiculopathy"
✓ (10) CXR - PA - Lateral "36 y/o WF claim history of "enlarged heart"
✓ (11) EKG - "Same history"

FAXED

(12) Prevacid 15g po BID c 8 AM & HS
(13) Ambien 10g po PRN day or night agitation or nighttime sleeplessness given as often as 8 ½ h until calm or asleep
Not > 4 doses per 24 hrs
Noted 11-26-00 @ 1230 R [illegible] RN
Kula

DATE

PHYSICIAN'S ORDER SHEET

ROUTINE ORDERS/BEHAVIORAL MEDICINE Revised: April, 2000

Assign to Dr. Kula

Admission Diagnosis:

1. CBC
2. SED rate (ESR)
3. Metabolic 12
4. TSH
5. Free T4
6. Routine drug screen (toxicology - urine)
7. Urinalysis with C&S PRN
8. HCG on every female in the child-bearing years (stop at 50) unless had a hysterectomy. DO NOT START MEDS until negative results received or doctor orders them.
9. PPD skin test on all patient's right arm unless history of a positive skin test, TB or BCG vaccine. Chest x-ray if positive history.
10. EKG on admission on all patients over 40. Do in ER if they come through there or if patient complains of chest pain - DO STAT
11. Urine drug screen any time staff deems necessary.
12. Urine drug screen always upon return from any pass.
13. O.T. consult
14. Beck depression inventory.

Kula

MERCY MEMORIAL HEALTH CENTER

ORDERS: Another brand of a generically equivalent product identical in dosage form and content of active ingredient may be administered unless checked.

Medication Allergies:

Diabetic [ ] Yes [ ] No

DATE

PHYSICIAN'S ORDER SHEET

11/26

ROUTINE ORDERS/BEHAVIORAL MEDICINE

Revised: April, 2000

Assign to Dr. Kula

Level III

15. Observation level: Q 15 min x 24 hours ~~then routine~~ unless ordered otherwise.

16. VS BID x 48 hours, then daily unless ordered otherwise.

17. Regular diet unless on special diet from home.

18. Maalox Plus 30ml PRN indigestion.

19. Tylenol 500mg (ii) every 4 hrs PRN Pain

20. MOM 30ml PRN laxative.

FAXED

I.C. Dr. Kula / L Lept

Note 11-26-0~ @ 0645 - L Lept

Kula

MERCY MEMORIAL HEALTH CENTER

ORDERS: Another brand of a generically equivalent product identical in dosage form and content of active ingredient may be administered unless checked.

Medication Allergies:

[redacted]

Diabetic [ ] Yes [ ] No

Pregnant [ ] Yes [ ] No

MERCY BEHAVIORAL HEALTH
BEHAVIORAL HEALTH ASSOCIATES
PSYCHIATRY PROGRESS NOTE

PATIENT: Patricia Bachhofer

DATE: Friday
December 1, 2000

DIAGNOSIS:
1. Depressive Disorder, NOS
2. Bipolar Disorder, Type II, In Remission
3. OCD, Mild to Moderate
4. Anxiety Disorder, NOS

Last time she left here and didn't take any Celexa samples but had enough to make it. I gave her enough today of the 20 mg size. She is supposed to take three of them day, which is one tablet t.i.d. at 8, 3 and bedtime, a total of 60 mg per day. She remains on Wellbutrin SR one tablet twice daily at 8 a.m. and 3 p.m. She also remains on Clonazepam one tablet at 8 and 3 and two tablets at bedtime, which a total of 4 mg per day. This has stabilized her main condition. Her main issues revolve around her family. Her troublesome daughter has moved out with her husband. She is left with that daughters child, which I assume she is going to adopt. This is a seven-year-old. So now living in her home is her husband, herself and this seven-year-old granddaughter. She still has ongoing conflicts with her husband who is gone a lot because of his shift work. She is still working hard at her job at this school, which gives her a lot of gratification in a lot of ways. She still talks a lot about the various options about ending her marriage but then talks about all of the advantages that she has in staying in the marriage and not being really able to be financially independent from her husband. Her father, whom she talks with a lot, urges her to end the marriage but then she argues with him about the reasons why she has to stay married to him, mostly financial. My attack now is to try to settle down the matter and try to help her to live a more possibly separate but calmer life with her husband because I don't think that either of them are in a position now to move toward divorce, especially when she is trying to raise a seven year old granddaughter of hers who is not a blood relation of her husbands, which I think is part of the problem.

I will see her back in approximately two weeks.

G. Paul Kula, M.D.

GPK/rj

MERCY MEMORIAL HEALTH CENTER

1011 FOURTEENTH AVE NW ARDMORE, OK 73401 580.223.5400

PROGRESS NOTES

DATE	NOTES SHOULD BE SIGNED BY PHYSICIAN
2/1/06 2:40 pm	Doing well - Mood improved. Not a danger to self/others at this time.
	Meds: 1. Klonopin 0.5 mg [illegible] 2 q HS
	2. Seroquel 350 TID
	3. Lortab 7.5 TID
	4. Premarin 1.25 HS
	5. Prevacid [illegible] BID
	~~6. Wellbutrin SR 150 [illegible]~~
	~~7. Prozac 20 [illegible]~~
	8. Celebrex 200 BID
	F/u c me in 2-4 weeks
	Kirk

#42754 (6/98)

MERCY BEHAVIORAL HEALTH
BEHAVIORAL HEALTH ASSOCIATES
PSYCHIATRY PROGRESS NOTE

PATIENT: Patricia Bachhofer

DATE: Friday
December 22, 2000

DIAGNOSIS:
1. Depressive Disorder, NOS
2. Bipolar Disorder, Type II
3. OCD
4. Anxiety Disorder, NOS

She has had constant problems, complaining about her husband and feeling trapped in her situation, but she doesn't really have the proper support to really go out on her own. She has chosen to raise this seven-year-old granddaughter as her own, but then complains about always having to take care of children. She has sort of locked herself into this position.

I didn't feel that changing any medications would make any difference. I am going to leave her on the Klonopin, Celexa and Wellbutrin.

Will see her back in about two weeks.

G. Paul Kula

G. Paul Kula, M.D.

GPK/rmj

MERCY BEHAVIORAL HEALTH
BEHAVIORAL HEALTH ASSOCIATES
PSYCHIATRY PROGRESS NOTE

PATIENT: Patricia Bachhofer

DATE: Friday
December 29, 2000

DIAGNOSIS:
1. Depressive Disorder, NOS
2. Probable Bipolar Disorder, Type II
3. OCD
4. Anxiety Disorder, NOS
5. Marital Problem

She went on and on and on about how miserable her holidays were. Some of it is related to her husband, but some of it is related to her mother, her family of origin and her children. We talked about how she is really not in a position to really support herself independently and what kind of things she could do to try to resolve that. She has had some Vo-Tech training, but is not anything that would help her make enough money. We talked about various options, including even getting a degree in education so she could teach because she seems to enjoy that.

I did not change her medication.

Will see her back in a week or two.

G Paul Kula MD

G. Paul Kula, M.D.

GPK/rmj

MERCY BEHAVIORAL HEALTH
BEHAVIORAL HEALTH ASSOCIATES
PSYCHIATRY PROGRESS NOTE

PATIENT: Patricia Bachhofer

DATE: Monday
January 15, 2001

DIAGNOSIS:
1. Depressive Disorder, NOS
2. Bipolar Disorder, Type II, In Remission
3. OCD
4. Anxiety Disorder, NOS

She is doing OK on her medications, which she gets through the three-month insurance plan through her husband's work. We were out of Celexa today, which she takes 20 mg t.i.d. ~~so~~ I wrote her a prescription for a three month supply to send in, which I think will get her by.

Will see her back in about two weeks. She expressed her distress that I am moving, but I think she will probably come to Norman for periodic appointments.

G. Paul Kula, M.D.

GPK:rmj

MERCY BEHAVIORAL HEALTH
BEHAVIORAL HEALTH ASSOCIATES
PSYCHIATRY PROGRESS NOTE

PATIENT: Patricia Bachhofer

DATE: Friday
January 26, 2001

She was very verbal again today, as she was before. She talked about all of the disappointments in her life, focusing on the fact that she has to repair her marria e somehow with her husband to be able to take care of the person who is her granddaughter. The child's mother, which is her own child, basically has aband nec he and given up parental rights. They are going to adopt her, so now she will be a ioth er again at least for another eleven years until the girl is eighteen. This was not pa of the plan for her life, however. We also talked about the fact that she is very needy ad very dependent. She had been calling me repeatedly just wanting to talk and I told h that really isn't how this works and that I wasn't trying to be unkind, but she has sch dul d sessions here if she has emergency needs she can talk to me but I can't give her ons tan reassurance over the phone every single day and she has practically called ever sin le day for the last two weeks. She is repairing some of the problems with her husb nd, it seems and I think once he becomes more supportive for her this will kind of cal down. She is also somewhat angry over the fact that I am moving. She said that every octor that she has ever had moves to get away from her, which I pointed out how ridic lous that was. It is mere coincidence. She still has the capability of coming to see m in Norman.

All of her medications are the same and doing well. She is on the three-month surance plan through Uniroyal.

Will see her back in about a month.

G Paul Kula MD

G. Paul Kula, M.D.

GPK/rmj

G. Paul Kula, M.D.
330 W. Gray, Ste. 304
Norman, Oklahoma 73069
(405) 573-0204

PATIENT: Bachhoffer, Patricia

DATE: February 9, 2001

This is an hour long appointment

DIAGNOSES:

1. Depressive Disorder, NOS
2. Probable Bipolar Disorder Type II
3. OCD
4. Anxiety Disorder, NOS

I wrote new prescriptions today for Klonopin and Wellbutrin for her three month insurance plan and she already has one for the Celexa. She has been in a state of depression recently, somewhat connected to the fact that she said I left town and abandon her which she said she had already warned me would happen because she thinks that every time she establishes a relationship with a doctor they leave. I discussed this with her last time. The rest of the time was talking about her goals on trying to raise her nine-year-old granddaughter who she has now adopted. She knows she has to improve things in her marriage to be able to make it through this. We talked about identity issues versus intimacy issues and I think she finally got the point. I'll see her back in about a month.

_____

G. Paul Kula, M.D.
GPK/jb